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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE CGR SERVICES OF MISSOURI LLC

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COVER LETTER

		COTTON 1			
TO:	Registration Section Division of Corporations				
CHRI	ECT:CGR	Services of I	Missouri LLC		
20119		of Limited L	ability Company		
Dear!	Sir or Madain:				
The e	nclosed Registered Agent/Registered Office	c Change and	feets) are submitted for filing.		
Please	return all correspondence concerning this	matter to the	following:		
	Kim Barajas				
**********	Name of Person		*****		
	InCorp Services. Inc.				2
	Firm/Company	***************************************	*****	•••	ل 123
	3773 Howard Hughes Pkwy Suite	500S			SIZE JAM I I
***********	Address		·········	-, -,	
	Las Vegas. NV 89169-6014				An y
	City/State and Zip Code			-	-
	managedreports@incorp.com				
	:-mail address: (to be used for future annua	d report notifi	cation)		
For fu	rther information concerning this matter, pl	lease call:			
Kim E	Barajas for InCorp Services, Inc.	800-246-	2677		
	Name of Person	at	Area Code & Daytime Telephone Numb	er	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		
	Enclosed is a check for the following an	вюни:			
	☑ S25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHSI	8 (2/14)				

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

ice address of limited liability compi- MUST BE STREET ADDRESS) 3080 filing/registration in Florida R. JENNIFER d Registered Office shown on the reconstruction Street ddress (MUST BE FLORIDA ST	cords of the Florid	M1800008				
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s. Inc.		·····		٠.	N3	
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F3 7				(++ 	A	;
Registered Agent and/or NEW Re	gistered Office at	ldress:		(7 g =	ڢ	į
urt North				-	37	
Tice Address:						
	3	3470				
on e	npany is not organized under made, the Florida street add r, in the case of a Florida lin	npany is not organized under the laws of the made, the Florida street address of the region, in the case of a Florida limited liability c	pany is not organized under the laws of the State of Flor made, the Florida street address of the registered office and the case of a Florida limited liability company, it is	pany is not organized under the laws of the State of Florida, it is hereby comade, the Florida street address of the registered office and the business of r, in the case of a Florida limited liability company, it is bereby confirmed to	pany is not organized under the laws of the State of Florida, it is hereby confirmed to made, the Florida street address of the registered office and the business office of the rein the case of a Florida limited liability company, it is hereby confirmed that the ch	re Address:

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 FILING FEE: S25.00